

Panhandle Health District 1

Panhandle Home Health

8500 N. Atlas Road ♦ Hayden, ID 83835

(208) 415-5160 ♦ 800-226-2053

www.phd1.idaho.gov



Public Health

MISSION

To provide compassionate, caring services that enhance the quality of life and the independent function of the residents with home health needs in the five northern counties of Idaho.

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To make a referral, call
208-415-5160
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800-226-2053

Teaching Independence

Brionn Tripp knows better than to save time by dressing a patient with Alzheimer's disease herself.

"It takes three days of doing something for them before they have learned self-helplessness," she says.

Brionn, an occupational therapist who contracts with Panhandle Health District's Home Health program, learned in one of the many additional certification courses she completed that people with advancing dementia have to perform tasks in sequence.

"You can't teach them a new way or a new process," she says. "They'll do it the way they've always done it or not at all."

As an OT, Brionn enables people set back by surgeries, strokes, Parkinson's disease, dementia and more to perform the daily activities that allow them a degree of independence. Brionn helps teach patients to regain the ability to complete common daily tasks while she helps others find new ways.

The tasks she addresses cover everything people do--activities of daily living (ADL's) such as bathing or showering, dressing, grooming, shaving, cooking, cleaning, writing, eating and much more. Brionn helps people with Parkinson's tremors get food from their dinner plate into their mouths. She may suggest weighted utensils or scooping food with bread in one hand into a spoon in the other hand.

She also educates family and caregivers

to enlist them in a patient's progress. Few are aware that in the later stages of dementia, patients need about 90 seconds to process a question someone asks them.

"That's where caregivers make the most mistakes," Brionn says. "That's a long time, and people assume they're not getting an answer and move on."

Brionn knew as a teenager that she wanted to be a therapist. Her father suffered a brain injury when she was 17. She often saw him with a recreational therapist and witnessed progress she associated with his therapy. She went on to earn a bachelor's degree in recreation therapy from Eastern Washington University.

While she was in school, she worked at St. Luke's Rehabilitation Hospital and volunteered with the St. Luke's wheelchair sports team. St. Luke's introduced Brionn to physical and occupational therapy. She returned to Eastern to earn her master's degree in occupational therapy.

The more Brionn learned the more she wanted to learn. She took special courses that taught her how to work with dementia patients and people with Parkinson's disease. She learned to teach Parkinson's patients to stretch so their muscles don't atrophy and to work with their current abilities to prolong them.

She learned that the minds of later stage dementia patients revolve around their mid-20's to 30's. Life is easier for them if family can organize their bedroom as it was when they were [\(continued on back\)](#)



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(continued from front) in their mid-30's or if spouses can remember the sequence in which they have dressed their entire adult life.

"I recently learned that people in the late stages of dementia are not helpless," Brionn says. "It's important for OTs to stay up on education and with the new techniques."

Brionn is part of a Panhandle Home Health team that includes a speech therapist, physical therapist, registered nurse and CNA. The team works together to help a patient reach as much independence as possible.

"I think all therapy should be in the home," Brionn says. "That's what they know, where they're familiar. They don't have to transition what they learn in a rehab facility to their homes."

Moments when patients discover they can do more than they thought they could thanks to occupational therapy keep Brionn hooked on her career. She once

taught a woman that she could take care of her personal hygiene on her own with help from a simple kitchen utensil. The woman had relied on her son for help and was so relieved. The help returned to the woman a measure of dignity that was important.

Brionn pushes her patients so they can see what they can do.

"Spouses don't know when to help or not," she says. "I can push a patient and they can get mad at me. Family doesn't necessarily want to do that, but I can show a patient he or she can do more than they think."

Occupational therapy like physical and speech therapy are available to home health patients through a doctor's order. For more information on Panhandle Home Health's therapy services, visit www.phd1.idaho.gov/homehealth/homecare/therapy or call (208) 415-5160 or 800-226-2053.

NEW MEDICARE REQUIREMENTS for HOME HEALTH AGENCIES

- All MD orders and Plans of Care must have both the MD/DO SIGNATURE and DATE.
- If orders are returned to home health agency with MD/DO signature but that signature is not dated, the home health agency will be required to return the order for a date to be written down and faxed back to the agency.

FACE-to-FACE (FTF) PATIENT ENCOUNTER REGULATION PRIOR TO HOME HEALTH REFERRAL

In accordance with the Patient Protection Affordable Care Act, CMS issued a Final Regulation that goes into effect January 1, 2011:

Timeframe:

- FTF with physician must occur no earlier than 90 days of the start of care (SOC) or within 30 days after the SOC.
- If the FTF encounter occurred within 90 days of the SOC but is not related to the primary reason for home health, the NPP or certifying physician must have an FTF encounter within 30 days after the SOC.

Documentation Requirements:

- FTF must be related to the primary reason for the home health admission.
- The certifying physician must document the FTF visit took place regardless of who performed the FTF encounter.
- If FTF encounter performed by NPP, must document clinical findings and provide these to the certifying physician.
- Must be a separate and distinct section of, or an addendum to, the certification.
- Date of FTF encounter
- Clinical findings to support that encounter was related to the primary reason for home care, the patient is homebound, and in need of Medicare covered home health services.
- Must be clearly titled, dated and signed by certifying physician.

This is a requirement from Medicare, not Panhandle Home Health. If you have any questions, or we can assist you in any way, please contact Panhandle Home Health at 208.415.5160.

Home Health Quality Improvement rates Panhandle Home Health in the top 10% nationally for preventing rehospitalization and improving medication adherence.